



EMPLOYEES' PROVIDENT FUND SCHEME 1952 (Please refer Para 36A)

EMPLOYEES' PENSION SCHEME 1995 (Please refer Para)

EMPLOYEES' DEPOSIT LINKED INSURANCE SCHEME1976 (Please refer Para

(1st RETURN OF OWNERSHIP AFTER ONLINE APPLICATION FOR CODE NUMBER)

[THIS FORM 5A HAS BEEN GENERATED BY ONLINE FILLING/ UPDATION OF FORM 5A THROUGH ECR LOGIN OF EMPLOYER. APPLICATION NUMBER IS 10001411957.]

Code Number : HRFBD3168964000

1. Name of Establishment : M/s GARUDA RAKSHA

2. Code Number of the Establishment under EPF Scheme : HRFBD3168964000

3. Postal address of the Establishment and its branches : F-138 Near Suraj Medical Store, Trikha Colony, Ballabgarh Faridabad, FARIDABAD, HARYANA - 121004 [Please see Annexure I]

4. Industry or business in which engaged : OTHERS

5. Date of commencement of business : 01/01/2024

6. Date of closure by previous : N/A

7. Whether run by owner or lessee : Run by Owner

8. Particulars of owners :

S. No.	Name	Date of Birth	Status	Father's Name	Residential Address	Position Date
1	Mr. VIVEK	26/10/1996	Proprietor	RAMNARAYAN	F-138 NEAR SURAJ MEDICAL STORE TRIKHA COLONY BALLABGARH FARIDABAD Faridabad Haryana 121004	01/01/2024

9. In case on lease, particulars of lessee : N/A

S.No.	Name	Date of Birth	Father's Name	Residential Address	Position Date

10. If registered under Factories Act, particulars of Manager or : N/A

11. Particulars of persons mentioned above who are incharge and responsible for conduct of business of the

S. No.	Name	Date of Birth	Status	Father's Name	Residential Address	Position Date
1	Mr. VIVEK	26/10/1996	Proprietor	RAMNARAYAN	F-138 NEAR SURAJ MEDICAL STORE TRIKHA COLONY BALLABGARH FARIDABAD Faridabad Haryana 121004	01/01/2024

Date:

Signature of employer _____

Name of Employer _____

Designation of Employer _____

Seal of Establishment

Mobile number _____

Signature of employer at serial number of Owners details, if more than one employer.

Signature of remaining employers:

Signature

Signature

Name _____

Name _____

ANNEXURE - I
Details of Branches of the Establishment

ANNEXURE - II
List of Branches having Separate/ Sub Code Number

ANNEXURE - III
Details of Bank Account Number

Copy of cheque of the primary account number : null

SPECIMEN SIGNATURE CARD

To be submitted with all documents after the Code number is allotted through the online application.

FULL NAME OF THE AUTHORISED SIGNATORY _____

Name of Establishment : M/s GARUDA RAKSHA

Address of the Establishment : F-138 Near Suraj Medical Store, Trikha Colony, Ballabgarh Faridabad, FARIDABAD, HARYANA - 121004

Code Number of the : HRFBD3168964000

STATUS OF THE SIGNATORY : # EMPLOYER / AUTHORISED SIGNATORY

Strike whichever is not applicable

SPECIMEN SIGNATURE 1. _____

2. _____

3. _____

SPECIAL INSTRUCTION, IF ANY _____

SPECIMEN SIGNATURE OF Mr/Ms _____ ATTESTED

Signature of employer _____

Name of Employer _____

Designation of Employer _____

Seal of Establishment _____ Mobile number _____

[] Please tick if "Not Applicable" due to upload of digital signature

To be submitted separately for each Authorised Officer, if more than one.

Not to be submitted in this format if the employer after allotment of code number has uploaded digital signatures of the Authorised signatories.

In such case the letter generated from the portal after uploading the digital signature(s) to be sent.

In case of upload of digital signature, when page (6) specimen signature card is not applicable, strike this, but keep as enclosure to the form 5A.